

Iowa Department of Human Services

Terry E. Branstad Governor Kim Reynolds Lt. Governor Charles M. Palmer Director

November 25, 2014 Mary Kang 711 E. 5th Street / #2 Des Moines, IA 50309 Dear Child Care Provider, This letter is in regards to the November 21, 2014 compliance check of your Level A, Registered Child Development Home. Iowa Code Chapter 237A and 441 Iowa Administrative Code, Chapter 110, describes specific requirements that must be met by a Registered Child Development Home. The following areas were out of compliance at the time of my visit: 110.5(1)a Numbers for each child's parent, physician, and a responsible person are accessible by the phone. Provider has them in her address book. They need to be copied and posted in a visible location so if there is an emergency others entering the home can easily locate the information. 110.5(1)j Emergency and disaster plans for fire and tornado are written and posted by primary and secondary exits. Provider does have a map, however, it needs to be marked to identify the locations of exits for fire and where to go in the event of a tornado and flood. Written instructions should also be added to the map. 110.5(2) A provider file is maintained and contains: 110.5(2)a A physician's signed statement of health and immunization status on the provider and all members of the household who may be present when children are in the home. Statements must be obtained at the time of initial registration and updated every two years. Provider showed documentation of a specific medical need being addressed, however, this is not sufficient as it does not address whether or not the individual is healthy enough to provide child care. Worker requested family obtain new physicals using the new forms on pages 24 and 25 of the packet which are good for three years. 110.5(2)b Certificates or training verification documentation for:

110.5(2)b Within the first three months of registration:

| 110.5(2)b Two hours of approved child abuse and neglect mandatory reporter training (and every 5 years thereafter.) | | |
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| This is the second check provider has not had training completed. Please contact Child Care Resource and Referral at 1-800-722-7619 for assistance in locating needed classes. Mandatory child abuse can also be done online, see packet page 15 | | |
| 110.5(2)b Certification by an approved trainer/organization in infant and child first-aid that includes mouth-to-mouth resuscitation. Certification will be maintained throughout period of registration. If they are unable to locate first aid training that includes mouth-to-mouth resuscitation, they must complete both a first aid course and CPR. | | |
| This is the second check provider has not had training completed. Contact Child Care Resource and Referral for assistance. | | |
| \square 110.5(2)b During the first year of registration – 12 hours of approved training. At least six hours shall be in a group setting. Two of the twelve hours must be health and safety training. A specific training shall not be used to meet requirements more than one time every five years. | | |
| Provider was not able to show any training completed. Please contact Child Care Resource and Referral for assistance. There are also online training on page 11 if so desired. | | |
| 110.5(2)b During the second year of registration and each succeeding year, twelve hours of approved training. At least six hours shall be in a group setting. If the provider has documentation of completing the ChildNet, PITC, or Beyond Business Basics series, these hours may be used to fulfill two year's training requirements, not including first aid and mandatory reporter training. A specific training shall not be used to meet requirements more than one time every five years. | | |
| 110.5(2)c An individual file is maintained for each staff assistant and contains: | | |
| The following information was not out of compliance but is being provided to provider to inform about criteria for assistants and substitutes. Provider was advised no person who is not approved as a substitute can fill in for the provider if they need to leave for a period of time during the day. If the provider has a doctor appointment she will have to have parents make other arrangements for daycare children unless someone is available that is an approved assistant. | | |
| 110.5(2)c A completed DHS Criminal History Record Check, form B, 595-1396 | | |
| 110.5(2)c A completed Request for Child Abuse Information, form 470-0643 | | |
| 110.5(2)c A physician's signed statement of health and immunization status at the time of employment and at least every two years thereafter. | | |
| 110.5(2)c Certification of two hours of approved training relating to identification and reporting of child abuse within 6 months of employment and repeated every 5 years. | | |

| Pag | ee 3 | |
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| | 110.5(2)d An individual file is maintained for each substitute and contains: | |
| | 110.5(2)d A completed DHS Criminal History Record Check, form B, 595-1396. | |
| | 110.5(2)d A completed Request for Child Abuse Information, form 470-0643 | |
| | 110.5(2)d A physician's signed statement of health of at the time of employment and at least every two years thereafter. | |
| | 110.5(2)d Certification of two hours of approved training relating to identification and reporting of child abuse within 6 months of employment and repeated every 5 years. | |
| | 110.5(2)d Certification in infant and child first aid that includes mouth-to-mouth resuscitation. If they are unable to locate first aid training that includes mouth-to-mouth resuscitation, they must complete both a first aid course and CPR. | |
| | 110.5(4) The certificate of registration is displayed in a conspicuous place. | |
| | Provider believes they have this and will look for it. When it is found it should be put up in a visible location in the home. | |
| | 110.5(8) Children's Files | |
| | \square 110.5(8) An individual file is maintained for each child and updated annually or when there are changes. Each file contains: | |
| | Please use the packet provided and request parents help you complete the necessary information. This is required for all children, even relatives that provider watches. | |
| | 110.5(8)a Identifying information including, at a minimum, the child's name, birth date, parent's name, address, telephone number, special needs of the child and the parent's work address and telephone number. | |
| | Refer to pages 1 and 2. | |
| | 110.5(8)b Emergency information including where the parent can be reached, the name, street address, city and telephone of the child's regular doctor, and the name number, telephone number, and relationship to the child of another adult available in case of emergency. | |
| | Refer to pages 1 and 2 | |
| | 110.5(8)c A signed medical consent from the parent authorizing emergency treatment. | |
| | See page 3 | |

| Pag | Page 4 | | |
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| | 110.5(8)d For infants and preschoolers: An admission physical examination, on the first day of attendance, including past health history, status of present health, allergies and restrictive conditions, and recommendations for continued care when necessary. The date of the exam is not more than 12 months before the child's first day of attendance. | | |
| | See page 4, can give to parents to obtain physician signature. | | |
| | 110.5(8)d For school-aged children: On the first day of attendance, a statement of health status signed by the parent or legal guardian. | | |
| Request parent obtain copy from doctor and provide to provider. | | | |
| | 110.5(8)e For infants and preschoolers: A statement of health signed by a physician submitted annually. | | |
| | Request from parent. | | |
| | 110.5(8)e For school aged children: An annual statement of health condition signed by the parent or legal guardian, annually from date of admission physical. | | |
| | Request from parent, can use page 4. | | |
| 110.5(8)f A list signed by the parent which names persons authorized to pick up the child, their telephone number, and relationship to the child. | | | |
| | Refer page 1 | | |
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| | Request from parent. | | |
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| | Request from parent. | | |
| | 110.5(8)i Written permission from the parent(s) for their child to attend activities away from the child development home. It must include times of arrival and departure, destination, and person(s) responsible for the child. | | |
| | 110.5(8)j Injury report forms to document injuries requiring first aid or medical care. | | |
| | See page 5. | | |
| | 110.5(10) Substitutes | | |
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Not out of compliance, just for informational purposes.

| | ited regulatory requirements listed above may lead to the Development Home Registration. Please take whatever steps | | | |
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| | ach of the violations noted above. It is essential you correct all | | | |
| above-mentioned violations within the | | | | |
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| | ce listed above, you will be required to have a recheck or follow cur after the 45 day time period has elapsed. | | | |
| Based on the items out of compliance listed above, a recheck or follow up visit to your home is no necessary. However, it is essential you provide documentation to the Department that certifies you have corrected each of the identified regulatory violations and are now in complete compliance with a Departmental regulatory mandates. Please check mark each of the boxes listed above when the necessary corrections have been completed. By doing so, you certify that you have completed all of the mandated regulatory requirements contained within each identified section. | | | | |
| | ps necessary to correct each of the identified violations noted iance with all of the Departmental mandated regulatory rules. | | | |
| Please sign and date below, and return | n this form in the provided envelope by: February 10, 2015 | | | |
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| X | Do-t- | | | |
| Signature | Date | | | |
| Please do not hesitate to contact me an any questions regarding this letter. | t DHS at 515-993-1742 or mcrawfo@dhs.state.ia.us if you have | | | |
| Sincerely, | | | | |
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| Melissa Crawford | | | | |
| Social Worker II | | | | |
| • | • | | | |
| C. Mark Chappelle | | | | |
| Social Work Supervisor | | | | |
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| Always Remember: | | | | |
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| Child Care Resource and Referral is an exce your area. You can reach Child Care Resou | ellent resource for providers to access training options and support in urce and Referral at 1-800-722-7619. | | | |

As you plan your future trainings to meet your 24 hours of training requirement, please remember that you need to use only DHS approved training and only 12 hours can be by self-study. You can access the approved training by going to http://www.dhs.state.ia.us/Consumers/Child_Care/Professional_Development.html and you can sign up for training at https://ccmis.dhs.state.ia.us/trainingregistry/

All providers need to maintain compliance with rules set out in Iowa Administrative Code, Chapter 110, which includes: 441 IAC 110.5(1): Check with the appropriate authorities to determine how the following local, state, or federal laws apply to you: • Zoning code • Building code • Fire code • Business license • State and federal income tax • Unemployment insurance • Worker's Compensation • Minimum wage and hour requirements • OSHA • Americans with Disabilities Act (ADA).